

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/				
2		/					52		/			
3		/					53		/			
4		/					54		/			
5		/					55		/			
6		/					56		/			
7		/					57		/			
8		/					58		/			
9		/					59		/			
10		/					60		/			
11		/					61		/			
12		/					62		/			
13		/					63		/			
14		/					64		/			
15		/					65		/			
16		/					66		/			
17		/					67		/			
18		/					68		/			
19		/					69		/			
20		/					70		/			
21		/					71		/			
22		/					72		/			
23		/					73		/			
24		/					74		/			
25		/					75		/			
26	/						76	/				
27		/					77		/			
28		/					78		/			
29		/					79		/			
30		/					80		/			
31		/					81		/			
32		/					82		/			
33		/					83		/			
34		/					84		/			
35		/					85		/			
36		/					86		/			
37		/					87		/			
38		/					88		/			
39		/					89		/			
40		/					90		/			
41		/					91		/			
42		/					92		/			
43		/					93		/			
44		/					94		/			
45		/					95		/			
46		/					96		/			
47		/					97		/			
48		/					98	/				
49		/					99		/			
50		/					100		/			
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1		/					51						1
2	/						52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23	/						73						
24		/					74						
25		/					75						
26		/					76						
27		/					77						
28		/					78						
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26	1					
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.		34				
TOTAL CLAIMS	41					

	*		1st		2nd	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		102	1		
52			103			
53			104			
54			105			
55			106			
56			107			
57			108			
58			109			
59			110			
60			111			
61			112			
62			113			
63			114			
64			115			
65			116			
66			117			
67			118			
68			119			
69			120			
70			121			
71			122			
72			123			
73			124			
74			125			
75		1	126			
76	1		127			
77		1	128			
78			129			
79			130			
80			131			
81			132			
82			133			
83			134			
84			135			
85			136			
86			137			
87			138			
88			139			
89			140			
90			141			
91			142			
92			143			
93			144			
94			145			
95			146			
96			147			
97			148			
98			149			
99			150			
100			151			
TOTAL IND.	2					
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS